

provides clinical instruction in family medicine.

*Act* means the Public Health Service Act, as amended.

*Clinical campus* means a geographically separate educational entity of an accredited medical school that is recognized and identified as a clinical campus by the American Academy of Family Physicians and that has been given the responsibility to coordinate or provide all clinical training for that clinical campus.

*Family medicine* includes "osteopathic general practice" and means the field of medicine in which the physician:

(a) Serves as a physician of first contact with families and patients of all ages and provides a means of entry into the health care system;

(b) Evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient, when indicated, to appropriate sources of care while preserving the continuity of care;

(c) Assumes responsibility with the patient for comprehensive and continuous health care and acts as a leader or coordinator of others providing health services; and

(d) Considers the patient's total health care within the context of his or her environment, including the community and the family or comparable social units.

*Nonprofit* refers to the status of an entity which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

*Other major clinical units* means formal academic units at the applicant school or its clinical campus that offer clinical instruction in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, or surgery.

*Residency training program* means a 3-year residency program in family practice that is fully or provisionally accredited by the Accreditation Council for Graduate Medical Education, or the equivalent of such a program as determined by the Secretary. In the case of osteopathic medicine, a postgraduate

program of no less than 2 years' duration, including the osteopathic internship, as approved or provisionally approved by the American Osteopathic Association will be deemed such an equivalent.

*School of medicine or osteopathic medicine* means a public or private nonprofit school in a State which provides training leading, respectively, to a degree of doctor of medicine or to a degree of doctor of osteopathic medicine and which is accredited as provided in section 799(1)(E) of the Act.

*Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

*State* means, in addition to the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia.

[48 FR 20215, May 4, 1983, as amended at 57 FR 45739, Oct. 5, 1992; 60 FR 28067, May 30, 1995; 61 FR 6125, Feb. 16, 1996]

**§ 57.1703 Who is eligible to apply for a grant?**

Any school of medicine or osteopathic medicine which is located in a State is eligible to apply for a grant. Each eligible applicant desiring a grant under this subpart shall submit an application in the form and at such time as the Secretary may prescribe.

[57 FR 45739, Oct. 5, 1992]

**§ 57.1704 Program requirements.**

Existing units supported under this subpart must meet all the requirements of this section no later than 12 months after initial award of the grant. Units which are being established with the aid of grants under this subpart must meet the requirement of paragraph (a) of this section no later than 12 months after initial award, and the remaining requirements of this section no later than 24 months after initial award of the grant. However, within the first 12 months of grant support,

units which are being established must submit a continuation application. This application is expected to include a plan which details, in a format determined by the applicant, how the remaining project requirements will be met by the end of the second year of grant support. In addition to units that are initially establishing under this subpart, those that change organizational status (i.e., from division to department) are also considered establishing units for the purpose of this subpart. Those that maintain organizational status are considered existing units.

(a) Each project must have a project director, who works at the grantee institution in an administrative unit of the grantee institution on an appointment consistent with other major departments, heads or will head the unit, and has relevant training and experience in family medicine.

(b) The unit must have academic status comparable to that of one of the other major clinical units at the institution.

(c) The unit must have administrative autonomy comparable to that of other academic units.

(d) The unit must have control over a residency training program. The program must have the capacity to enroll a total of at least 9 interns or residents annually. A unit whose applicant school or clinical campus does not have a residency program accredited under its direct authority will be considered as meeting this requirement if it has a written affiliation agreement with a hospital which conducts a residency program as described.

(e) The unit (or units in the case of schools with one or more decentralized units) must have responsibility for providing instruction to each member of the student body who is engaged in an education program leading to a degree in doctor of medicine or doctor of osteopathic medicine. The amount of mandatory and elective curriculum must be comparable to the amount of mandatory and elective curriculum time required for other major clinical units at the school.

(f) The unit must have, in the judgment of the Secretary, a sufficient number of full-time faculty to conduct

the instruction. The number of family medicine faculty in the unit must be comparable to that of full-time faculty responsible for conducting the instruction of one of the other major clinical units either at the school or at the clinical campus, whichever is the same as the unit receiving the grant funds.

(g) Each project must evaluate the program of instruction required in paragraph (f) of this section, including evaluation of faculty competence, the administration of the program, and the degree to which program objectives are met.

(h) Where projects include the planning and development of model predoctoral, faculty development, or graduate medical education programs, those programs must be designed to eventually meet the requirements of the regulations implementing section 747 of the Act, 42 CFR part 57, subpart Q.

(Approved by the Office of Management and Budget under control number 0915-0060)

[48 FR 20215, May 4, 1983, as amended at 57 FR 45739, Oct. 5, 1992; 60 FR 28067, May 30, 1995]

#### **§ 57.1705 How will applications be evaluated?**

As required by section 798(a) of the Act, each application for a grant under this subpart shall be submitted to a peer review group, composed principally of non-Federal experts, for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. The Secretary will award grants to applicants whose projects will best promote the purposes of section 747 of the Act and this subpart. The Secretary will consider, among other factors:

(a) The degree to which the proposed project adequately provides for the project requirements in § 57.1704;

(b) The administrative and management capability of the applicant to carry out the proposed project in a cost-effective manner;

(c) The qualifications of the proposed staff and faculty of the unit; and